FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087798 (3)**

1. Corporation Name
OSBORNE, OSBORNE & DECLAIRE, P.A.

Principal Place of Business	Mailing Address
798 S. FEDERAL HWY SUITE 100 BOCA RATON FL 33432	P.O. DRAWER 40 BOCA RATON FL 33429-0674

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0455254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSBORNE, BRADY R 798 S. FEDERAL HWY STE. #100 BOCA RATON FL 33432	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, RAY C	1.2 NAME		
STREET ADDRESS	798 S. FEDERAL HWY #100	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, BRADY R JR	2.2 NAME		
STREET ADDRESS	798 S. FEDERAH HWY STE. #100	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP		
TITLE	DVT	3.1 TITLE		☐ Change ☐ Addition
NAME	DECLAIRE, GEORGE F	3.2 NAME		
STREET ADDRESS	798 S. FEDERAL HWY STE. #100	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE		☒ Change ☐ Addition
NAME	WENZEL, KENNETH A	4.2 NAME		
STREET ADDRESS	798 S. FEDERAL HIGHWAY, SUITE 100	4.3 STREET ADDRESS	Remove	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	MACLAREN, ROBERTH I II	5.2 NAME		
STREET ADDRESS	798 S. FEDERAL HIGHWAY, SUITE 100	5.3 STREET ADDRESS	Remove	
CITY-ST-ZIP	BOCA RATON FL 33432	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, R. BRADY JR	6.2 NAME		
STREET ADDRESS	700 S. FEDERAL HIGHWAY, SUITE 200	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33429-0974	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4.13.95 407/395-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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